# Lo600005551

| (Req                                    | uestor's Name)   |           |
|---|------------------|-----------|
| (Address)                               |                  |           |
| (Address)                               |                  |           |
| (City                                   | /State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT           | MAIL      |
| (Business Entity Name)                  |                  |           |
| (Document Number)                       |                  |           |
| Certified Copies                        | Certificates     | of Status |
| Special Instructions to Filing Officer: |                  |           |
| Solition                                |                  |           |
|   | ·                |           |
| Dies                                    | -                |           |

Office Use Only



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01/26/07--01018--021 \*\*30.00

DIVISION OF COSECTATION

# **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |
|--|--|--|
| SUBJECT: HCAM-OPB Gulfstream, LLC.   |  |  |
| (Name of Limited Liability Company)  |  |  |
|  |  |  |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing.  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |
|  |  |  |
| Perla Sole Calas   |  |  |
| (Name of Person)   |  |  |
| Lourdes Corvo P.A.   |  |  |
| (Firm/Company)   |  |  |
| 15450 New Barn Rd. Suite 302   |  |  |
| (Address)  |  |  |
| Miami Lakes, Florida 33014   |  |  |
| (City/State and Zip Code)  |  |  |
|  |  |  |
| For further information concerning this matter, please call:   |  |  |
| Perla Sole Calas <u>at (</u> 305 <u>)</u> 827-0084   |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |
|  |  |  |
| Enclosed is a check for the following amount:  |  |  |
| \$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certificate of |  |  |
|  |  |  |

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is HCAM-OPB Gulfstrean, LLC   |   |
|--|---|
| 2. The Articles of Organization were filed on 1/17/200 L06000005551  | and assigned document number                            |
| 3. The date the dissolution was approved: 1/19/2006  |   |
| <ol> <li>A description of occurrence that resulted in the limited lia<br/>608.441, Florida Statutes, (copy 608.441 on back cover le</li> </ol> |   |
| Project not pursued  |   |
|  |   |
| 5. CHECK ONE:  |   |
| All debts, obligations and liabilities of the limited  | l liability company have been paid or discharged.       |
| OR-<br>Adequate provision has been made for the debts,   | obligations and liabilities pursuant to s. 608.4421.    |
| <ol> <li>All remaining property and assets have been distributed a<br/>rights and interests.</li> </ol>  | mong its members in accordance with their respective    |
| 7. CHECK ONE:  |   |
| There are no suits pending against the company i   | n any court.  |
| Adequate provision has been made for the satisfa entered against it in any pending suit.   | ction of any judgment, order or decree which may be     |
| Signatures of the members having the same percentage of mem  | bership interests necessary to approve the dissolution: |
|  |   |
| Signature  | Printed Name  |
| 1000   | HENRY D. CONTRERAS.                                     |
|  | DIVIS<br>07   |
|  | JAN 26  |
|  | 8 07 E  |
|  | 3 55  |
|  | RATIO   |

FILING FEE: \$25.00